## **VERIFICATION**

The responsible accounting officer shall verify this report under oath.

OATH
State of <u>Illinois</u> ) ss  County of <u>Jo Daviess</u> )
)
Insert here the name of the person authorized to execute this Verification.)
he or she is
of
that he or she is duly authorized to execute this verification; that he or she has examined the foregoing Form AR-911 (Oct 2016) Excel Workbook (hereinafter referred to as "Report"); that to the best of his or her knowledge, information, and belief, all statements of fact contained in the said Report are true; that the said Report is a correct statement of the business and affairs of the above-named emergency telephone system board/qualified governmental entity/other entity in respect to each and every matter set forth therein;
Check one of the following:
that he or she has personal knowledge that the said Report is based upon independently audited financial statements for the most recently completed and audited fiscal year ending on, 201; that the independent auditor's reports and workpapers are available to the Department Staff upon request; and that the data within the said Report can be
reconciled to the audited financial statements. or
$\Box$ that he or she has personal knowledge that the said Report was audited by an independent auditor; and that the independent auditor's report and workpapers are available to the Department Staff upon request.
(Signature of authorized person)
Subscribed and sworn to before me, a Notary in and for the State and County above named, this 30 <sup>th</sup> day of August, 20 <u>lb</u> .
OFFICIAL SEAL Seal) TRACY L PHILLIPS NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES 03/15/2018